STATEMENT OF FINANCIAL DISCLOSURE DECEIVED UEC 2 2 2003

| 1. | Name Lee E. Hoffman | COMM ON E | COMMISSION ON ETHICS | | | |
|---|---|-----------------------------|---|--|--|--|
| | Business telephone (optional) 775-778-45 | | | | | |
| 3. | Mailing address 1085 Barrington Avenue of P.O. Box | nue, Elko, NV | 89801 | | | |
| 4. | Length of residence in Nevada22 | | ······ | | | |
| 5. | Length of residence in district elected from (if applicable) | 22 yrs | | | | |
| 6. | Precinct in which registered to vote Elko Count | 7 Preciat 8 | | | | |
| Plea | se check the appropriate box: | | | | | |
| 7. | I am filing this statement as an: \Box Appointed official | Elected official. | | | | |
| 8. | This is my: ☐ Initial filing ☐ Annual filing ☐ Candid | late filing | | | | |
| Plea | se complete this section in its entirety: | | | | | |
| 9a. | Office sought/held Elko City Count | :.1 | | | | |
| | Mailing address of office City of Elko, 17 | | | | | |
| 9c. | Date term of office/appointment began or will begin (use a sp | pecific date) July 01, 2001 | | | | |
| 9d. | Date term of office/appointment ends or will end (use a spec | ific date) June 30, 2005 | | | | |
| 9e. | If appointed, name of appointing authority | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 9f. | If appointed, date appointing authority's term ends (use a sp | ecific date) | | | | |
| 10. | Disclose each source of your income or that of any member of your household. No listing of individual clients or patients is required, but if that is the case, a general source such as "professional services" must be disclosed (NRS 281.571(1)(b)). You are NOT required to disclose the dollar amount of your income or that of your household members. | | | | | |
| | SOURCE | WHOSE | | | | |
| | Newmont Mining Cooperation | (Sell and household members |) | | | |
| | City of Elko(as member of City Guril) | <i>S</i> elf | | | | |
| | Family Resource Center | Spouse | | | | |
| | Ryvis, Inc (Nevada) - contractor to | Spouse | | | | |
| State of Neugla (Attach additional sheets if necessary) | | | | | | |

WHITE-COMMISSION COPY; GREEN-FILING OFFICER COPY; PINK-OFFICEHOLDER COPY.

| 11, | Disclose the specific location and particular use of any real estate, other than your primary personal residence, in which you or a member of your household has a legal or beneficial interest and whose fair market value is \$2,500 or more and which is located in this state or an adjacent state. | | | | | |
|-----|--|--|-------------------|---|---|--|
| | SPECIFIC LO (Specific addresses are require legal description of the second sec | ed. Give street address or otion) หอ, NV | | ATURE OF ITS PARTICULA oved vacant land, agricultural building, apartments, renta | iand, commercial | |
| | | | | | | |
| | | (Attach additional shed | ets if necessary) | | | |
| 12. | Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more, except for: (a) A debt secured by a mortgage or deed of trust on real estate which is not required to be listed under item 11 above; (b) A debt for which a security interest in a motor vehicle for personal use was retained by the seller (NRS 281.571(2)). | | | | | |
| | self DEBTOR | | American | Express. | | |
| | | (Attach additional shee | ets if necessary) | | | |
| 13. | List all gifts, whose value is \$200 or more, which you received during the preceding taxable year except: (a) A gift received from a person who is related to you within the third degree of consanguinity (blood relationship) or affinity (relationship by marriage); (b) Ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasions if the donor does not have a substantial interest in your legislative, administrative, judicial or political actions. You must disclose the name of the donor. | | | | | |
| | NONE GIFT | | DONOR | | VALUE | |
| | | | | •••••• | | |
| | | | | | | |
| | | (Attach additional shee | ets if necessary) | | *************************************** | |
| 14. | List each business entity in which you or a member of your household is involved in as a trustee, beneficiary of a trust, director, officer, owner (whole or in part), limited or general partner or holder of any class of stock or security representing 1 percent or more of the total outstanding stock or securities issued by the business entity. | | | | | |
| | NONE WHO | | | BUSINESS ENTITY | | |
| | | | | | | |
| | | (Attach additional shee | ets if necessary) | | | |
| THE | Information Contained in This Do | OCUMENT IS TRUE AND COM | PLETE. | | | |
| | 2/15/03 | Xoe | CA, | nature | *************************************** | |